

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5700

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">1/5</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">THORNTON</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">KEEL</div>	OFFICE USE ONLY <hr/> Date Received <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.2em;">23812 TRES CORONAS SPICEWOOD, TX 78669</div>	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em; font-weight: bold;"> FILED FOR RECORD 2004 APR -5 AM 11:50 COUNTY CLERK TRAVIS COUNTY TEXAS </div>									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 264-3467</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">DONNA L.</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">KEEL</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.2em;">23812 TRES CORONAS SPICEWOOD, TX 78669</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 264-3467</div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input checked="" type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeno. der only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeno. der only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
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<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.2em;">02 / 29 / 2004 THROUGH 04 / 03 / 2004</div>										
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em;">04 / 13 / 2004</div>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em; text-align: center;">TRAVIS COUNTY CONSTABLE & PCT 3</div>									
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name <hr/> Address / PO Box; Apt. / Suite #; City; State; Zip Code										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

THORNTON KEEL

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 75.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 375.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2,959.74

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

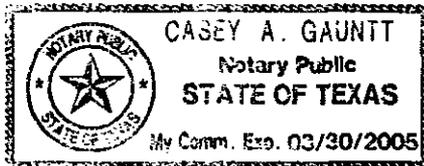
\$ 8,368.51

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thornton Keel, this the 5th day of April, 2004, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Casey A. Gauntt
Printed name of officer administering oath

Notary Public
State of Texas
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/5	
2 FILER NAME Thornton Keel		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 03/02/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. James B. Skaggs 6 Contributor address; City; State; Zip Code 4700 Toreador Dr Austin TX 78746-2411	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/18/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alan & Inda Williams Contributor address; City; State; Zip Code 3801 Serene Hills Dr Austin TX 78738-1219	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/5
2 FILER NAME Thornton Keel		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 03/12/2004	5 Payee name Classic Typresetting <hr/> 6 Payee address; City; State; Zip Code PO Box 90067 Austin TX 78709-0067	7 Amount (\$) 707.68
8 Purpose of expenditure (See instructions regarding type of information required.) Campaign materials		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/12/2004	Payee name Nelda Wells Spears <hr/> Payee address; City; State; Zip Code PO Box 1748 Austin TX 78767-1748	Amount (\$) 98.40
Purpose of expenditure (See instructions regarding type of information required.) Campaign materials		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/04/2004	Payee name Texas Mailhouse, Inc. <hr/> Payee address; City; State; Zip Code 8606 Wall St Austin TX 78754	Amount (\$) 623.20
Purpose of expenditure (See instructions regarding type of information required.) Mail		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/08/2004	Payee name Texas Mailhouse, Inc. <hr/> Payee address; City; State; Zip Code 8606 Wall St Austin TX 78754	Amount (\$) 623.20
Purpose of expenditure (See instructions regarding type of information required.) Mail		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages report:
5/5

2 FILER NAME
Thornton Keel 3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date 03/19/2004	5 Payee name Texas Mailhouse, Inc. 6 Payee address; City; State; Zip Code 8606 Wall St Austin TX 78754	7 Amount (\$) 311.35
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8 Purpose of expenditure (See instructions regarding type of information required.) Mail	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 03/03/2004	Payee name U. S. Postmaster Payee address; City; State; Zip Code Downtown Station Austin TX 78701-2924	Amount (\$) 595.91
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Purpose of expenditure (See instructions regarding type of information required.) Postage	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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